QUESTIONNAIRE

(Please include a copy of this form with each filing of your rule: Notice of Public Hearing or Comment Period; Proposed Rule, and if needed, Emergency and Modified Rule.)

DAT	E:	
TO:	LEG	GISLATIVE RULE-MAKING REVIEW COMMITTEE
FROI	M:(Age	ncy Name, Address & Phone No .)
LEGI	SLAT	TVE RULE TITLE:
1.	Aut	horizing statute(s) citation
2.	a.	Date filed in State Register with Notice of Hearing or Public Comment Period:
	b.	What other notice, including advertising, did you give of the hearing?
	c.	Date of Public Hearing(s) or Public Comment Period ended:
	d.	Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.
		Attached No comments received

e.	Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)
f.	Name, title, address and phone/fax/e-mail numbers of agency person(s) to receive all written correspondence regarding this rule: (Please type)
g.	IF DIFFERENT FROM ITEM 'f', please give Name, title, address and phone number(s) of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)
	e statute under which you promulgated the submitted rules requires certain findings and minations to be made as a condition precedent to their promulgation:
	a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

b.	Date of hearing or comment period:
c.	On what date did you file in the State Register the findings and determinations required together with the reasons therefor?
d.	Attached Attached